

2022

A Check if:

- 1a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (see instructions) ☐
4 Schedule M-3 attached ☐

TYPE
OR
PRINT

Name

WELLCARE PHARMACY INC

Number, street, and room or suite no. If a P.O. box, see instructions.

9476 FENS HOLLOW

City or town, state, or province, country, and ZIP or foreign postal code

LAUREL

MD 20723

B Employer identification number

22-3917387

C Date incorporated

10/28/2005

D Total assets (see instructions)

\$ 2,787

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a Gross receipts or sales	1a	25,000	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		25,000
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		25,000
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest	5		384
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions—attach statement)	10			
11 Total income. Add lines 3 through 10	11		25,384	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13		
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes and licenses	17		1,142
	18 Interest (see instructions)	18		73
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		
	21 Depletion	21		
	22 Advertising	22		
	23 Pension, profit-sharing, etc., plans	23		
	24 Employee benefit programs	24		
	25 Reserved for future use	25		
	26 Other deductions (attach statement) SEE STMT 1	26		1,356
	27 Total deductions. Add lines 12 through 26	27		2,571
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		22,813
29a Net operating loss deduction (see instructions)	29a	18,250		
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b	29c		18,250	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30		4,563
	31 Total tax (Schedule J, Part I, line 11)	31		958
	32 Reserved for future use	32		
	33 Total payments and credits (Schedule J, Part III, line 23)	33		
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input checked="" type="checkbox"/>	34		41
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		999
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		
	37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded	37		

Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer TEMITOPE GBOLAGUN

Date

PRESIDENT

Title

Paid
Preparer
Use Only

Print/Type preparer's name

YOAV KATZ

Preparer's signature

YOAV KATZ

Date

10/04/23

Check ☐ if self-employed

PTIN

P01057947

Firm's name

KATZ & CO., P.A.

Firm's EIN

52-1260827

Firm's address

4641 MONTGOMERY AVE STE 200

Phone no.

BETHESDA, MD

20814

301-951-8700

Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J **Tax Computation and Payment** (see instructions)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>		
2	Income tax. See instructions		2	958
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	958
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	0
7	Subtract line 6 from line 4		7	958
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c) and/or section 453(l)	9f		
g	Other (see instructions—attach statement)	9g		
10	Total. Add lines 9a through 9g		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	958

Part II—Reserved For Future Use

12	Reserved for future use	12	
----	-------------------------	----	--

Part III—Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	
14	2022 estimated tax payments	14	
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement—see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	

Schedule K Other Information (see instructions)

- 1 Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) _____ Yes No
- 2 See the instructions and enter the:
- a Business activity code no. **446110**
- b Business activity **RETAIL PHARMACY**
- c Product or service **PHARMACY**
- 3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **X**
If "Yes," enter name and EIN of the parent corporation _____
- 4 At the end of the tax year:
- a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) **X**
- b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) **X**
- 5 At the end of the tax year, did the corporation:
- a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. **X**
If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. **X**
If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 **X**
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.
- 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? **X**
For rules of attribution, see section 318. If "Yes," enter:
(a) Percentage owned _____ and (b) Owner's country _____
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____
- 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
- 9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **0**
- 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____
- 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ☐
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.
- 12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) \$ **173,104**

Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions If "Yes," complete and attach Schedule UTP.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099? b If "Yes," did or will the corporation file required Form(s) 1099?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Is the corporation operating on a cooperative basis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) If "Yes," complete and attach Form 8991.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24 Does the corporation satisfy one or more of the following? See instructions a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense. c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter amount from Form 8996, line 15 \$	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions Percentage: By Vote By Value	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule M-1 Balance Sheets per Books

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,000		2,787
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach stmt.)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt.)				
15 Total assets		1,000		2,787
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.)				
19 Loans from shareholders		134,428		109,428
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock: a Preferred stock				
b Common stock	30,000	30,000	30,000	30,000
23 Additional paid-in capital				
24 Retained earnings—Appropriated (att. stmt.)				
25 Retained earnings—Unappropriated		-163,428		-136,641
26 Adjustments to SH equity (att. stmt.)				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity		1,000		2,787

Schedule M-1**Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	26,787	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books	2,142	Tax-exempt interest \$	
3 Excess of capital losses over capital gains		STMT 3 6,216	6,216
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$	
a Depreciation \$		b Charitable contributions \$	
b Charitable contributions \$			
c Travel and entertainment \$			
STMT 2 100	100	9 Add lines 7 and 8	6,216
6 Add lines 1 through 5	29,029	10 Income (page 1, line 28)—line 6 less line 9	22,813

Schedule M-2**Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)**

1 Balance at beginning of year	-163,428	5 Distributions: a Cash	
2 Net income (loss) per books	26,787	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-136,641	8 Balance at end of year (line 4 less line 7)	-136,641

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

► Attach to Form 1120.
► See instructions on page 2.

OMB No. 1545-0123

Name

Employer identification number (EIN)

WELLCARE PHARMACY INC

22-3917387

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
TEMITOPE GBOLAGUN	218-59-4429	USA	100.000

For Paperwork Reduction Act Notice,
see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.**2022**

Name

WELLCARE PHARMACY INC

Employer identification number

22-3917387

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	958
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	958
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	2,142
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	958

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☐ The corporation is using the annualized income installment method.
- 8** ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	240	239	240	239
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		240	479	719
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		240	479	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	240	239	240	239
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (<i>C corporations with tax years ending June 30 and S corporations</i> : Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers</i> : Use 5th month instead of 4th month.) See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x *%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		41

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220	Underpayment of Estimated Tax by Corporations Worksheet		2022
For calendar year 2022 or tax year beginning , ending			

Name WELLCARE PHARMACY INC	Employer Identification Number 22-3917387
--------------------------------------	---

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Due date of estimated payment	04/15/22	06/15/22	09/15/22	12/15/22
Amount of underpayment	240	239	240	239
Withholding				

	1st Pymt	2nd Pymt	3rd Pymt	4th Pymt	5th Pymt
Date of payment					
Amount of payment					

QTR	FROM	TO	UNDERPAYMENT	DAYS	RATE	PENALTY
1	4/15/22	6/30/22	240	76	4.00	2
1	6/30/22	9/30/22	240	92	5.00	3
1	9/30/22	12/31/22	240	92	6.00	4
1	12/31/22	4/15/23	240	105	7.00	5
2	6/15/22	6/30/22	239	15	4.00	0
2	6/30/22	9/30/22	239	92	5.00	3
2	9/30/22	12/31/22	239	92	6.00	4
2	12/31/22	4/15/23	239	105	7.00	5
3	9/15/22	9/30/22	240	15	5.00	0
3	9/30/22	12/31/22	240	92	6.00	4
3	12/31/22	4/15/23	240	105	7.00	5
4	12/15/22	12/31/22	239	16	6.00	1
4	12/31/22	4/15/23	239	105	7.00	5
TOTAL PENALTY						41

Net Operating Loss Carryover Worksheet

Form **1120**

2022

For calendar year 2022 or tax year beginning

, ending

Name

Employer Identification Number

WELLCARE PHARMACY INC

22-3917387

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/ Carryover NOL Utilized	Carryover
20th 12/31/02					
19th 12/31/03					
18th 12/31/04					
17th 12/31/05					
16th 12/31/06					
15th 12/31/07					
14th 12/31/08					
13th 12/31/09					
12th 12/31/10					
11th 12/31/11					
10th 12/31/12					
9th 12/31/13					
8th 12/31/14	26,564	-26,564			
7th 12/31/15					
6th 12/31/16					
5th 12/31/17	16,200	-16,200			
4th 12/31/18	-11,766	11,766			
3rd 12/31/19	-238,442	71,798	166,644	18,250	148,394
2nd 12/31/20	-6,460		6,460		6,460
1st 12/31/21	51,000	-40,800			
NOL Carryover Available To Current Year			173,104		
Current Year	0 22,813			18,250	0
NOL Carryover Available To Next Year					154,854

Current year net operating losses available to be utilized:

Aggregate amount of NOL arising in taxable years beginning before 1/1/18 (Pre TCJA NOL)

Aggregate amount of NOL arising in taxable years beginning after 12/31/17 (Post TCJA NOL)

173,104

Carryover Worksheet - Capital Gain (Loss) and Section 1231	
Form 1120	For calendar year 2022 or tax year beginning _____, ending _____
2022	
Name WELLCARE PHARMACY INC	
Employer Identification Number 22-3917387	

Net Capital Loss		Prior Year		Current Year	Next Year
Preceding Tax Year	Net Capital Gain/(Loss)	Loss Utilized or C/B (Gains Offset)	Capital Loss Carryover	Gain Offset By Carryback/ Carryovers Utilized	Capital Loss Carryover
5th 12/31/17					
4th 12/31/18					
3rd 12/31/19					
2nd 12/31/20					
1st 12/31/21					
Capital Loss Carryover Available To Current Year			0		
Current Year			0		0
Capital Loss Carryover Available To Next Year					0

Section 1231 Losses		Prior Year		Current Year	Next Year
Preceding Tax Year	1231 Loss	Recaptured	Unrecaptured	Prior Losses Recaptured	Unrecaptured
5th 12/31/17					
4th 12/31/18					
3rd 12/31/19	1,427		1,427		1,427
2nd 12/31/20	2,312		2,312		2,312
1st 12/31/21					
1231 Losses Available for Recapture in Current Year			3,739		
Current Year			0		0
1231 Losses Available for Recapture in Next Year					3,739

Federal Statements**Statement 1 - Form 1120, Page 1, Line 26 - Other Deductions**

<u>Description</u>	<u>Amount</u>
ACCOUNTING	\$ 1,293
OFFICE EXPENSE	63
TOTAL	<u>\$ 1,356</u>

Statement 2 - Form 1120, Page 6, Schedule M-1, Line 5 - Expenses on Books Not on Return

<u>Description</u>	<u>Amount</u>
FINES AND PENALTIES	\$ 100
TOTAL	<u>\$ 100</u>

Statement 3 - Form 1120, Page 6, Schedule M-1, Line 7 - Income on Books Not on Return

<u>Description</u>	<u>Amount</u>
FEDERAL INCOME TAX REFUND	\$ 6,216
TOTAL	<u>\$ 6,216</u>